

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UM - G		6/22/00
OFFICE CLASSIFIER		20	7/13
FORMALITY REVIEW		70007	7/27/00
RESPONSE FORMALITY REVIEW		2	9-2-00

**INDEX OF CLAIMS**

- ✓ ..... Rejected
- ..... Allowed
- (Through numeral) ... Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Final	Original	Date
1	○	✓	4/11/02
2	✓	✓	4/13/03
3	✓	✓	4/13/03
4	✓	✓	4/13/03
5	✓	✓	4/13/03
6	✓	✓	4/13/03
7	✓	✓	4/13/03
8	✓	✓	4/13/03
9	✓	✓	4/13/03
10	✓	✓	4/13/03
11	✓	✓	4/13/03
12	✓	✓	4/13/03
13	✓	✓	4/13/03
14	○	✓	4/13/03
15	✓	✓	4/13/03
16	✓	✓	4/13/03
17	✓	✓	4/13/03
18	✓	✓	4/13/03
19	✓	✓	4/13/03
20	✓	✓	4/13/03
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28	✓	✓	4/13/03
29	✓	✓	4/13/03
30	○	✓	4/13/03
31	✓	✓	4/13/03
32	○	✓	4/13/03
33	○	✓	4/13/03
34	○	✓	4/13/03
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45	✓	✓	4/13/03
46	✓	✓	4/13/03
47	✓	✓	4/13/03
48	✓	✓	4/13/03
49	✓	✓	4/13/03
50	✓	✓	4/13/03

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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